

08 MAY 21 PM 5:45 HD

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) <b>Elizabeth H. Dole</b>			2. Identification Number <b>S2NC00083</b>	
(b) Address (number and street) <b>712 S Fulton</b>			<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code <b>Salisbury NC 28144</b>			3. Is This Statement <input type="checkbox"/> New (N) <input checked="" type="checkbox"/> Amended (A) OR	
4. Party Affiliation <b>REPUBLICAN PARTY</b>		5. Office Sought <b>Senate</b>	6. State & District of Candidate <b>NC 00</b>	

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2008 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <b>Elizabeth Dole Committee, Inc.</b>		
(b) Address (number and street) <b>PO Box 2918</b>		
(c) City, State, and ZIP Code <b>Raleigh NC 27602</b>		

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) <b>North Carolina Federal Senate Committee</b>		
(b) Address (number and street) <b>PO Box 75103</b>		
(c) City, State, and ZIP Code <b>Washington DC 20013</b>		

### DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A	<input type="text" value="0.00"/>	for the primary election, and
9B	<input type="text" value="0.00"/>	for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

Signature of Candidate <b>Elizabeth H. Dole</b>	Date <b>5/14/2008</b>
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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**5/21/08**

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